

FACTS ON I/DD WAIVER LONG-TERM SERVICES INCORPORATION INTO KANCARE

- The current system for <u>eligibility</u> determinations for I/DD persons under KanCare <u>will remain the same</u> by state law. The MCOs (health plans) do not perform this function for any of our consumer populations in KanCare, nor will they perform it for I/DD waiver participants.
- Under KanCare, persons with I/DD can keep their case managers under Kancare. The Kansas Developmental
 Disability Reform Act protects the ability of I/DD persons in KanCare to keep his or her I/DD targeted case
 manager through a CDDO, a community service provider or independent case management organization. This
 will not change under KanCare.
- The terms of all three of the KanCare MCO (health plan) contracts guarantee the ability of I/DD persons to keep their current service providers under KanCare.
- The MCOs will <u>not have the authority</u> to arbitrarily reduce the long-term services and supports that are currently being provided to persons with I/DD. Any changes in plans of care must be reviewed and approved by the state before being implemented.
- Under KanCare, CDDOs will continue to perform the BASIS assessments that determine the level of services for which persons with I/DD are eligible.
- Many of the providers currently delivering services to persons on the I/DD waiver are for-profit entities. So the
 question of whether for-profit entities can serve the I/DD community has been answered by the existence of
 for-profit providers in the current system, demonstrating that it is possible to provide excellent services despite
 the fact that an entity makes a profit.
- The KanCare contracts include an expectation that better coordinated care will demonstrate <u>better overall</u> <u>outcomes</u> than the old system did. These expectations are tied to <u>how the health plans (MCOs) will be</u> compensated.
- The KanCare contracts allow the State of Kansas to <u>withhold payments</u> to a health plan that does not achieve improvement in care coordination and health outcomes. In order to make a profit, the KanCare MCOs have every incentive to improve the system and serve persons on the I/DD waiver program better than they are being served now. There are no incentives for better outcomes in the current system. Providers now are paid for services provided, that is, how many hours of care they provide, rather than the ability to demonstrate any specific outcomes or improvements.